PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10884722

		CLAIMS A	S FILED	- PART I				SMALL E	NTITY		OTHER	RTHAN
_			(Columi	1 1)	(Colu	ımn 2)		TYPE [OR		ENTITY
TOTAL CLAIMS .			3/					RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUME	ER EXTRA		BASIC FE	385.00	OR	BASIC FEE	770.00
TO	OTAL CHARGE	ABLE CLAIMS			• [1		XS 9=		OR	X\$18=	198
INI	DEPENDENT C	CLAIMS	minus 3 =		<u>ع</u> .		Ì	X43=	 	OR	X86=	7.5
MULTIPLE DEPENDENT CLAIM PRESENT							ł	+145=		1		<i>P</i> S <i>0</i>
* If the difference in column 1 is less th				ero, enter '	"0" in ¢	column 2	L	TOTAL	 	OR	<u> </u>	100
	C	CLAIMS AS A	MENDE	ENDED - PART II				IOIAL	<u> </u>	OR	TOTAL	THAN
		(Column 1)	(Column 2) (Column 3)				SMALL	ENTITY	OR	SMALL		
ENT A	6/17/05	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE
AMENDMENT A	Total	· 31	Minus	 31		= ^		X\$ 9=		OR	X\$18=	. /
	Independent	• 6	Minus			-	ſ	X43=	. /	OR	X86=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	/	OR	+290=	
					•		L.	TOTAL	/	. 1	TOTAL	
		(Column 1)		(Columi	n à)	(Caluma 2)	A	DDIT. FEE			ADDIT. FEE	
		CLAIMS		HIGHE		(Column 3)		-	455: 1	f		
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• •	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		= .	 	X43≓		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
							Г	1145-			1200-	
								+145=		OR	+290=	· •
					,		L	+145= TOTAL DOIT, FEE		OR	+290= TOTAL ADDIT. FEE	
		(Column 1)		(Column	n 2)	(Column 3)	L	TOTAL		OR	TOTAL	•
ENTC		(Column 1) CLAIMS REMAINING AFTER AMENDMENT			1 2) ST ER ISLY	(Column 3) PRESENT EXTRA	_ ^	TOTAL DDIT, FEE	ADDI- TIONAL	OR	TOTAL ADDIT. FEE	ADDI- TIONAL FEE
NDMENT C	Total	CLAIMS REMAINING AFTER AMENDMENT	Minus	(Column HIGHES NUMBE PREVIOU	n 2) ST ER ISLY DR	PRESENT	\[\]	TOTAL DDIT, FEE	ADDI- TIONAL FEE	OR OR	TOTAL ADDIT. FEE	
AMENDMENT C	Total Independent	CLAIMS REMAINING AFTER AMENDMENT	Minus	(Column HIGHES NUMBE PREVIOU PAID FO	n 2) ST ER SSLY DR	PRESENT EXTRA	AC	TOTAL DOIT FEE RATE X\$ 9=	ADDI- TIONAL FEE	OR OR	TOTAL ADDIT. FEE RATE X\$18=	TIONAL
AMENDMENTC	Total Independent	CLAIMS REMAINING AFTER AMENDMENT	Minus	(Column HIGHES NUMBE PREVIOU PAID FO	n 2) ST ER SSLY DR	PRESENT EXTRA	AC	TOTAL DDIT FEE	ADDI- TIONAL FEE	OR OR	TOTAL ADDIT. FEE	TIONAL
	Total Independent FIRST PRESE	CLAIMS REMAINING AFTER AMENDMENT	Minus LTIPLE DEP	(Column HIGHES NUMBE PREVIOU PAID FO	n 2) ST ER ISLY DR	PRESENT EXTRA		TOTAL DOIT FEE RATE X\$ 9=	ADDI- TIONAL FEE	OR OR	TOTAL ADDIT. FEE RATE X\$18=	TIONAL